



City of Torrance, Community Services Department
RECREATION FACILITY REQUEST/APPLICATION

Application for Use of Recreation Facilities on Park Areas

PLEASE COMPLETE AND RETURN ALL COPIES TO:

City of Torrance
Community Services Department/Facility Booking Office
3031 Torrance Boulevard, Torrance, CA 90503
(310) 618-5982 Fax (310) 781-7598

NOTE TO APPLICANT: Please type or print firmly using a ball point pen. Any person applying for the use of City property on behalf of any society, group or organization must present satisfactory credentials or proof of authorization to the Community Services Department representative in charge of permits, prior to the filing of such applications.

Date of Application: _____ E-Mail: _____

1. Name of Representative: _____ Hm. Phone: _____ Wk. Phone: _____
Address: _____ City: _____ Zip Code: _____
2. Name of Organization: _____ Wk. Phone: _____
Address: _____ City: _____ Zip Code: _____
3. Name of Alternative Representative: _____ Phone: _____

Please Note:
NO ALCOHOLIC BEVERAGES OF ANY TYPE ARE ALLOWED
AT ANY OF THE CITY PARKS OR PARK FACILITIES PER MUNICIPAL CODE 49.2.6

4. Name of Park: _____

Specify Facility:
Meeting Room only
Picnic: Start Time _____ End Time _____

Light Refreshments (cookies, cake, punch, coffee)
Light Meal (catering service, potluck, etc.)
Complete Meal (preparation of meal on premises)

5. Date Requested: _____ Day of Week: _____ OR Continuous Dates From: _____ to: _____ inclusive.
6. Time Requested: _____ A.M./P.M. to: _____ A.M./P.M. Total Number of Hours: _____
7. Type of Activity: _____
8. Estimated Attendance: _____
9. GROUP IS RESPONSIBLE FOR SET-UP AND CLEAN-UP; failure to do so may result in PARTIAL/FULL loss of security deposit. *Please initial here:* _____
10. Group is responsible for observing all facility Rules and Regulations and for maintaining an acceptable standard of behavior; failure to do so may result in partial/full loss of security deposit.
11. Signature of Person Requesting Reservation: _____

FOR OFFICE USE ONLY

<div>FEES</div> <div>Meeting Room ____ Hrs. @ _____ \$ _____ Refundable Deposit \$ _____ Insurance Fee \$ _____ Staff Fees \$ _____ Other _____ \$ _____ Total Fee \$ _____</div>	<div>Date Paid: _____ Pymt Method: _____ Receipt # _____ _____ Keys Issued: Date: _____ Initials: _____ Keys Returned: Date: _____ Initials: _____ _____ Fee Rate: Standard Non-Profit Waiver</div>	<div>OTHER</div> <div>_____ _____ _____ _____ _____ _____ _____ Refund Process Started Date: _____ Refund Denied: See attached</div>
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The above application ☐ IS ☐ IS NOT granted.
John Jones, Community Services Director

By: _____ Date _____